



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Tanimoto, Dennis K.			945-0019
MAILING ADDRESS (Street)			FAX
1654 S. King St.			945-0019
(City)	(State)	(Zip Code)	
Honolulu, HI 96826			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Credit Union League	941-0556	
MAILING ADDRESS (Street)	FAX	
1654 S. King St.	945-0019	
(City)	(State)	(Zip Code)
Honolulu, HI 96826		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Dorie Fitchett	941-0556	
MAILING ADDRESS (Street)	FAX	
1654 S. King St.	945-0019	
(City)	(State)	(Zip Code)
Honolulu, HI 96826		

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

XX Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

Planning, Land & Water  
Use Management

XX Other: (indicate below)

Ecology, Energy  
Environmental Protection

XX Housing

Public Safety &amp; Corrections

Financial  
Institutions**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Dennis K. Tanimoto

President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Credit Union League

941-0556

MAILING ADDRESS (Street)

FAX

1654 S. King St.

945-0019

(City)

(State)

(Zip Code)

Honolulu, HI 96826

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

(Date)